## **BEST AVAILABLE COPY**

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TC	TAL CLAIMS							RATE	FEE	]	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	miı	nus 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	column 2		TOTAL		OR	TOTAL	
	C	LAIMS AS A	AMENDED - PART II (Column 2) (Column 3			(Column 3)		SMALL ENTITY			OTHER SMALL I	
AMENDMENT A	\$ the S	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	. 39	Minus		39	=		X\$ 9=		OR	X\$18=	·
AME	Independent	* 13	Minus		13	= 1		X42=	•	OR	X84=	
	FIRST PRESE	JLTIPLE DEPENDENT CLAIM				ן נ	+140=		OR	+280=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	-		
	(Column 1) (Column 2) (Column 3							ADDI1. FEE		•	ADDII. 1 EE1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	and an analysis	HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 4	Minus	**	39_	=	╛	X\$ 9=		OR	X\$18=	
	Independent	* /	Minus	***	J'3	=	┨ [	X42=		OR	X84=	
L	FIRST PRESE	INTATION OF M	JLTIPLE DEPENDENT CLA			ilivi		+140=		OR	+280=	
	•					•	1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽╽	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ILTIPLE DEPENDENT CLAIN				┛				<b></b>	<del>                                     </del>
								+140=		OR'	+280=	
**	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	an 20, enter "20	)."	TOTAL ADDIT. FEE	· ·	OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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•									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2001									016660-182					
CLAIMS AS FILED - PART I								LEN	ITITY		OTHER	THÂN		
			(Column 1) (Colum			nn 2)	TYPE			OR	SMALL	ENTITY		
то	TAL CLAIMS		54				RAT	Έ	FEE		RATE	FEE		
FO	R		NUMBER F	ILED	NUMBE	BASIC FEE 370.00		OR	BASIC FEE	740.00				
то	TAL CHARGEA	BLE CLAIMS	39 min	us 20=	*	X\$ 9= /7/		OR	X\$18=	28				
IND	EPENDENT CL	AIMS	/3 mir	nus 3 =		X42= 4		420	OR	X84=				
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	946	OR	TOTAL			
CLAIMS AS AMENDED - PART II									961		OTHER			
		(Column 1)	(Column 2)			(Column 3)	SMA	LL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ΣQ	Total	*	Minus	**		=	X\$ 9	<del>)</del> =		OR	X\$18=			
MEN	Independent	*	Minus	***		=	X42	<u></u>		OR	X84=			
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM				<u> </u>		.000			
:							+14			OR	+280= TOTAL			
							TOTAL ADDIT. FEE				ADDIT. FEE			
		(Column 1)	· · · · · · · · · · · · · · · · · · ·		ımn 2)	(Column 3)	1							
MENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MO	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
AMEND	Independent	*	Minus	***		=	X4:	2=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J <del>                                    </del>	_	<del> </del>	1		<u> </u>		
								0=	<u> </u>	OR				
								STAL FEE		OR	ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)						  -							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ξ	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
ME	Independent	*	Minus	***		=-	X4	 2=		OR	V04	1		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┝──		<b> </b>	10"	` <b></b> -			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FFF														
***	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													